

DEPARTMENT OF DEFENSE ARMED SERVICES BLOOD PROGRAM OFFICE 5109 LEESBURG PIKE FALLS CHURCH, VA 22041-3258



ASBPO (40-2b) BPL 03-02 21 January 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Revised Standardized Donor Deferral Lists for Armed Services Blood Donor Centers

- 1. The Armed Services Blood Program Office (ASBPO) was established by the Assistant Secretary of Defense for Health Affairs to coordinate the blood programs of the Military Services and the Unified Commands. In that respect, the ASBPO is updating the standardized donor deferral lists for drugs and medications, immunizations, medical conditions, and malaria/variant Creutzfeldt-Jakob Disease (vCJD) travel risks. This Blood Policy Letter (BPL) supersedes all previous versions of these standardized donor deferral lists last published in BPL 02-04, Standardized Donor Deferral Lists for Armed Services Blood Donor Centers, 27 November 2002 and BPL 03-01, Blood Donor Deferral for Smallpox Vaccination, 7 January 2003.
- 2. The attached documents include four lists to be used for blood donor evaluation at Armed Services blood donor centers (Encls 1-4). The first is a comprehensive drug/medication list including all common medications. The second list identifies the acceptability of immunizations and injections. The third outlines medical conditions that may require evaluation for donation. The fourth list contains current malaria/vCJD travel risks by country. These lists will be updated on an annual basis, may be updated by the ASBPO as needed to maintain currency, and will be posted to the ASBPO home page, www.tricare.osd.mil/asbpo.
- 3. All changes since the last version of these lists have been shaded to allow for easy identification. Major changes include additional requirements for donor screening and deferral for smallpox vaccination/lesions and the drug Dutasteride (AVODART™). Dutasteride is a medication used to treat symptomatic Benign Prostatic Hyperplasia (BPH) in men with enlarged prostate, is contraindicated for use in women and children, and may potentially cause severe fetal anomalies in the reproductive system of a male fetus and children. Women who are pregnant, may be pregnant, are about to become pregnant, children of women who are breastfeeding, and children in general are at risk if transfused with a unit of blood collected from a male donor whose is taking or has taken this medication within 6 months of donation.
- 4. Services will incorporate the enclosed standardized donor deferral lists into local and Service standardized procedures as soon as updates allow, but no later than 15 February 2003. Service Blood Program Officers and Combatant Command Joint Blood Program Officers must complete the enclosed form, Acknowledgment of Receipt and Implementation, (Encl 5) and return the signed original or fax copy to the ASBPO NLT 15 February 2003.
- 5. A copy of all Service policy documents/letters implementing this BPL must also be forwarded to the ASBPO within 30 days of implementation. Any requests for updates to these lists can be forwarded to Commander B. G. Bartley, MSC, USN, ASBPO point of contact for this

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lists can be forwarded to Commander B. G. Bartley, MSC, USN, ASBPO point of contact for this

action. She can be reached at DSN 761-1736/8024, commercial (703) 681-17368024, or via email at brenda.bartley@otsg.amedd.army.mil.

5 Encls

1-5 As stated

G. MICHAEL FITZPATRICK

6. Michael Fitzpatrick

COL, MS, USA Director

Directi

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ARMED SERVICES BLOOD PROGRAM OFFICE 5109 LEESBURG PIKE FALLS CHURCH VA 22041-3248 703-681-8024/8025

ACKNOWLEDGMENT OF RECEIPT AND IMPLEMENTATION

Service Blood Program Officers and Combatant Command JBPOs only: Complete this Acknowledgment of Receipt and Implementation and retain one copy in your file. Return the signed original or fax copy to the Armed Services Blood Program Office NLT 15 February 2003.

BPL 03-02

Standardized Donor Deferral Lists for Armed Services Blood Donor Centers

21 January 2003

| The document listed above was received and the policy implement | nted by: |
|---|----------|
| SERVICE/UNIFIED COMMAND: | |
| DATE RECEIVED: | |
| DATE IMPLEMENTED/OR:PROJECTED IMPLEMENTATION | |
| SIGNATURE: | |
| NAME/TITLE: | |
| | |
| | |

For ASBPO use only

Date Returned:____

Drugs and Medications

NOTICE: The Department of Defense (DoD) assumes no risk for the use of this information by non-DoD personnel, blood programs, or individual medical institutions. The use of this information by DoD personnel is strictly for blood donor operations and must adhere to the current Service (Army, Navy and Air Force) specific Standard Operating Procedure dealing with the screening of blood donors. Changes since the last edition (26 Nov 2002) are shaded.

| Drug | ACCEPTABLE | Note |
|-------------------------|--|---|
| 5-FU | No, temporary deferral if for cancer. Yes, if topical for superficial skin cancer such as basal cell carcinoma. | Antineoplastic. Desquamator |
| A.P.C. Tablets | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | Analgesic, anti-pyretic, anti-inflammatory |
| | Defer 72 hrs for plateletpheresis or sole source platelets. | |
| A/T/S | Defer 24 hrs after course completed and feel well. If IV or IM defer 1 wk. | Antibiotic |
| (| Yes, if for acne. | |
| Accolate | Yes | Anti-asthmatic |
| Accupril | Yes, for stable hypertension | Ace Inhibitor |
| Accutane (isotretinoin) | Defer for one month after course of therapy completed. | Medication for severe acne. Synthetic form of Vitamin A. |
| ACE Inhibitors | Yes, for hypertension. | Antihypertensive, ACE inhibitor |
| | Defer if for heart disease. | |
| Acebutolol | Yes, if for hypertension. | Beta-blocker, anti-hypertensive |
| Acetaminophen | Yes, if taken for pain. | Analgesic, antipyretic. |
| | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | |
| Acetazolamide | Yes. | Anticonvulsant, diuretic and inhibitor of fluid secretion (glaucoma). |
| Aceticyl | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | Analgesic, anti-pyretic, anti-inflammatory |
| | Defer 72 hrs for plateletpheresis or sole source platelets | |
| Acetohexamide | Yes. | Oral hypoglycemic agent for diabetes. |
| Acetophenazine | Yes, if donor mentally and legally responsible. | Anti-psychotic |

| Drug | ACCEPTABLE | Note |
|-----------------------|--|--|
| Aspir-Max (Perrigo) | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | ASA containing analgesic |
| | Defer 72 hrs for plateletpheresis or sole source platelets | |
| Aspirtab (Dover) | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | ASA containing analgesic |
| | Defer 72 hrs for plateletpheresis or sole source platelets | |
| Astemizole | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms. | Antihistamine |
| Atabrine | Defer 1 yr. If in malaria zone, otherwise yes. | Antimalarial |
| Atarax | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms. | Sedative, antihistamine |
| Atenolol | Yes. | Antihypertensive, beta blocker |
| Athrombin-K | Defer pending medical evaluation with cessation of drug. | Anticoagulant |
| Ativan | Yes. | Tranquilizer |
| Atrocholin | Yes, if ulcer disease is pain free. | Anticholinergic antispasmodic |
| Atromid S | Yes. | Cholesterol lowering agent |
| Atropine | Yes, if ulcer disease is pain free. | Anticholinergic antispasmodic |
| Atropisol | Yes, if ulcer disease is pain free. | Anticholinergic antispasmodic |
| Augmentin | Defer until 24 hrs. after course completed and feel well. | Antibiotic |
| Aureomycin | Defer until 24 hrs. after course completed and feel well; if IV or IM defer 1 wk. Yes, if for acne. | Antibiotic |
| Aurothioglucose | Yes, if disease not active at this time. | Anti-rheumatic, anti-inflammatory |
| Avapro | Yes, for BP | Angiotensin blocker |
| AVC | Yes. | Antibiotic, antiseptic Cream/suppository |
| AVC Dienestrol | As above. | (Non-specific vaginal infection) |
| Aventyl | Yes. | Antidepressant |
| Avodart (dutasteride) | No, defer until 6 months after last dose of medication. | Used for treatment of benign prostatic hyperplasia in men with enlarged prostate, Potential fetal anomaly to male fetus, |
| Avlosulfan | No, permanent deferral. | Anti-leprosy agent |
| Axid | Yes, if ulcer disease inactive. | Anti-ulcer agent |

| Drug | ACCEPTABLE | NOTE |
|-----------------------|---|--|
| Duradyne (Forest) | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. | ASA containing analgesic |
| | Defer 72 hrs for plateletpheresis or sole source platelets | |
| Dura-Meth | Defer 72 hrs. if P.O. or IM. Yes, if topical or intra-articular. | Corticosteroid |
| Duraquin | Defer until off drug and condition stable. | Anti-arrhythmic |
| Duravent | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms. | Decongestant, expectorant |
| Duricef | Defer 24 hrs. after course completed and feel well. | Antibiotic |
| Dutasteride (AVODART) | No, defer until 6 months after last dose of medication. | Used for treatment of benign prostatic hyperplasia in men with enlarged prostate. Potential fetal anomaly to male fetus. |
| Duvoid | Yes. | Cholinomimetic |
| Dyazide | Yes. | Antihypertensive, diuretic |
| Dycill | Defer 24 hrs. after course completed and feel well. Defer 1 wk. if IM or IV. | Antibiotic |
| Dydrosterone | Yes. | Hormone |
| Dyhydrogesterone | Yes. | Hormone |
| Dymelor | Yes. | Oral hypoglycemic |
| Dynacirc | Yes. | Calcium antagonist (israpidine) |
| Dynapen | Defer 24 hrs. after course completed and feel well; if IM or IV defer 1 wk. | Antibiotic |
| Dyphylline | Yes, even if daily dose for maintenance. | Bronchodilator |
| Dyrenium | Yes. | Diuretic |
| Dyspas | Yes. | Anti-spasmodic |
| E.E.S. | Defer 24 hrs. after course completed and feel well. Yes, if for acne. | Antibiotic |
| Easprin | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. Defer 72 hrs for plateletpheresis or sole source platelets | Analgesic-enteric coated ASA |
| Ecotrin | Yes, if taken for allergies. Defer for 72 hours after symptoms are resolved if taken for cold/flu symptoms or for fever. Defer 72 hrs for plateletpheresis or sole source platelets | Analgesic, ASA. |
| Edecrin | Yes. | Antihypertensive, diuretic |

Immunizations

NOTICE: The Department of Defense (DoD) assumes no risk for the use of this information by non-DoD personnel, blood programs, or individual medical institutions. The use of this information by DoD personnel is strictly for blood donor operations and must adhere to the current Service (Army, Navy and Air Force) specific Standard Operating Procedure dealing with the screening of blood donors. This list contains common FDA licensed vaccines, it is not all inclusive. Note that AABB Standard B2.600 states that the donor deferral for unlicensed vaccines is 12 months. Changes since the last edition (26 Nov 2002) are shaded.

| Vaccine/Other Biologicals | Acceptibility | Note |
|--|--|---|
| Acel-Imune | Accept immediately if symptom-free. | Vaccine: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed |
| ActHIB | Accept immediately if symptom-free. | Vaccine: Haemophilus b Conjugate (Tetanus Toxoid Conjugate) |
| Animal Serum Products | Defer 2 weeks after last injection. | |
| Anthrax vaccine | Accept immediately if symptom-free. | |
| Attenuvax | Defer 2 weeks. | Vaccine: Measles Virus Live (rubeola) |
| BCG see Tice BCG, USP | | |
| Biavax II | Defer 4 weeks (for rubella). | Vaccine: Rubella and Mumps Virus Live |
| Botox | For eye surgery: defer 1 month after last injection. | Vaccine: Botulinum Toxin Type A |
| Botulinum toxin see Botox | | |
| Chickenpox vaccine (Varicella zoster vaccine) | Defer 4 weeks. | |
| Cholera Vaccine | Accept immediately if symptom-free. | Vaccine: Sterile suspension of killed Vibrio Cholerae |
| Comvax Sterile Suspension | Defer 1 day (may cause positive HBsAg due to antigen present in the vaccine). Defer 12 months if post-exposure. | Vaccine: Haemophilus b Conjugate (Meningococcal Protein Conjugate) and Hepatitis B (Recombinant) |
| Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed (DTP) | Accept immediately if symptom-free. | Vaccine: Combination of purified tetanus and diphtheria toxoids combined with a suspension of Bordetella Pertussis organisms |
| Diphtheria vaccine | Accept immediately if symptom-free. | |
| DTP see Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed | | |
| Encephalitis - See Japanese Encephalitis. | | |
| Engerix-B Unit-Dose Vials | Defer 1 day (may cause positive HbsAg due to antigen present in the vaccine). Defer 12 months if post-exposure. | Vaccine: Hepatitis B (Recombinant) |

| Vaccine/Other Biologicals | Acceptibility | Note | |
|---|---|---|--|
| Recombivax HB | Defer 1 day (may cause positive HbsAg due to antigen present in the vaccine). Defer 12 months if post-exposure. | Vaccine: Hepatitis B (Recombinant) | |
| RhoGAM | Accept after pregnancy, miscarriage or abortion and meets required wait of 6 weeks. | Vaccine: Rh Immune Globulin | |
| Rocky Mountain Spotted Fever vaccine | Accept immediately if symptom-free | | |
| Rubella vaccine | Defer 4 weeks. | | |
| Rubeola vaccine Smallpox vaccine | Defer 2 weeks. Vaccinated donor, or donor who has a localized vaccinia lesion acquired through close contact with a vaccine recipient: Defer until after the scab has separated from the skin spontaneously or 21 days from date of immunization, which ever is longer, as long as donor had no other symptoms or complications. Visual verification of absence of vaccine | Vaccine: Vaccinia virus (from cowpox) closely related to smallpox provides protective immunization to smallpox. Close contact: Physical intimacy, touching the vaccination site, touching the bandages or covering of the vaccination site, or handling bedding or | |
| | If scab was otherwise removed (not spontaneously separated): and If donor is a vaccine recipient, defer for 2 months after vaccination date If donor had localized lesion acquired through close contact with a vaccine recipient, defer for 2 months after the date of attempted donation, as long as donor had no other symptoms or complications. If donor experienced complications of vaccinia infection acquired either through vaccination or close contact with vaccine recipient, defer until 14 days after all | clothing that has been in contact with an unbandaged vaccination site. | |
| Tetanus vaccine | complications are completely resolved. Accept immediately if symptom-free | | |
| Tetramune: | Accept immediately if symptom-free. | Vaccine: Diphtheria, Tetanus Toxoids, Pertussis, and Haemophilus b Conjugate | |
| Tice BCG, USP | If given to treat cancer, permanent deferral. If given for tuberculosis exposure or prevention, defer 2 weeks if asymptomatic and donor meets medical criteria for tuberculosis. Vaccine: Live culture preparation Bacillus of Calmette and Guerin strain MYCOBACTERIUM BO tuberculosis. | | |
| Tri-Immunol Adsorbed | Accept immediately if symptom-free. Vaccine: Diphtheria and Teta Toxoids and Pertussis Vaccin | | |
| Tripedia | Accept immediately if symptom-free. | Vaccine: Diphtheria and Tetanus Toxoids and Pertussis Vaccine Adsorbe | |

Medical Conditions

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Note: Any deviations must adhere to the current Service (Army, Navy and Air Force) specific and/or local Standard Operating Procedure dealing with the screening of blood donors and can only be made by the Medical Director with documented justifications.

| MEDICAL CONDITION | Соммент |
|---------------------------|--|
| Abortion | Deferral - 6 weeks. |
| Abscesses | Defer until resolved and well. [If suspect for anthrax, defer.] |
| Acoustic Neuroma | Accept if benign; if malignant, see Cancer. |
| Acromegaly | Accept. |
| Actinomycosis | Defer 1 week after stop medication and condition resolved. |
| Acupuncture | Accept only if performed by doctor and underlying condition is not cause for deferral, and only if documented as being done with single-use equipment and under aseptic conditions; otherwise defer 12 months. |
| Acute Tubular Necrosis | Accept if recovered and renal function normal; otherwise defer until recovered and renal function is normal. |
| Addison's Disease | Permanent deferral. |
| Adenomas | Accept if donor knows if it is benign; if there is any question, refer to medical director |
| Adrenal Disorders | Permanent deferral. |
| Adrenal Glands Absent | Permanent deferral. |
| Adrenal-Cortical Syndrome | Permanent deferral |
| Agammaglobulinemia | Accept if not infected. Donor should be extensively questioned about recent infections and recent antibiotic therapy. |
| AIDS | Permanent deferral. |
| Alcoholic Cirrhosis | Permanent deferral. |
| Alcoholism | Defer if under the influence. |
| Allergies | Accept as long as donor has no sinus or respiratory infections |
| Allergy Injections | Wait 6 hours. |
| Alpha-1-Antitrypsin | Accept unless has emphysema, then is Perm deferral. |
| Amoebic Dysentery | See Parasitic infections. |

| MEDICAL CONDITION | Соммент |
|--|--|
| Bacteremia | Defer 3 months. |
| Bee Stings | Wait 6 hours. |
| Bell's Palsy | Accept. |
| Benign Prostatic Hypertrophy or Hyperplasia (BPH) | Accept, unless treated with Proscar or Avodart (dutasteride). For Proscar, defer until 1 month after last dose of medication. For Avodart, defer until 6 months after last dose of medication. |
| Berger's Disease | Defer. Recurrent nephropathy |
| | See "Animal Bites," "Human Bite," or "Insect Bite" |
| Bleeding Disorders | See specific entity, if not present Medical Director or designee evaluate. |
| Blood Donation | Defer 8 weeks |
| Blood Dyscrasias | See particular type. |
| Blood Transfusion | Defer 12 months after last transfusion. |
| Body Piercing and Body Alterations (Tongue separation; permanent make- up) | Defer 12 months. |
| | Defer until well-healed [If suspect for anthrax, defer. |
| Bone Disorders | Tumorous bone disease—permanent deferral. |
| Bone Marrow Donor | Accept 8 weeks after donation unless there remain lingering complications |
| Bowen's Disease | Accept (is carcinoma in situ). |
| Brain Surgery | Accept if seizure free (non-vascular) in last 12 months. If for malignancy, see Cancer. Defer for CJD risk if dura mater transplant. |
| Branding | Skin branding: 12-month deferral. |
| Breastfeeding | Accept. |
| Bright's Disease | Can accept if no chronic renal disease. |
| Bursitis | Accept if donor in no acute distress. |
| Campylobacter Pylori | Renamed Helicobacter pylori—see ulcer disease. |
| Cancer | Localized skin cancer (basal cell carcinoma or squamous cell carcinoma)—acceptable if completely excised and healed. |
| | Carcinoma-in-situ of the cervix—acceptable. |
| | Malignant melanoma, leukemia, lymphoma, Hodgkin's disease—permanent deferral. |
| | All others require medical director's approval. |
| Candida Infection (Candidiasis) | If systemic defer until 1 week after cessation of medication and well. If superficial and local, (i.e. vaginitis), accept. Defer permanently if involving esophagus, trachea, bronchi or lungs. Oral candidiasis with other clinical symptoms will be cause for permanent deferral. Such findings may be associated with an HIV infection. |

| MEDICAL CONDITION | COMMENT |
|---|---|
| Pregnancy | Defer during pregnancy and for 6 weeks after delivery or termination. |
| Progressive Multifocal Leukoencephalopathy | Permanent deferral. |
| Progressive Systemic Sclerosis | Permanent deferral. |
| Prostatitis (also see Benign Prostatic Hyperplasia | Defer until asymptomatic unless treated with Proscar or Avodart (dutasteride) for Benign Prostatic Hyperplasia (BPH). For Proscar, defer until 1 month after last dose of medication. For Avodar, defer until 6 months after last dose of medication. |
| Pruritis | Defer until asymptomatic. |
| Psoriasis | Accept if lesions not in area of venipuncture and has not been treated with Tegison. Treatment with Tegison is a permanent deferral. |
| Psychiatric Problems | Accept if mentally and legally responsible. |
| Pulmonary Embolism | Defer 6 months. |
| Pyelonephritis | Permanent deferral if chronic renal disease; temporary deferral if disease active; if disease resolved and kidney function normal, accept. |
| Q-Fever | Permanent deferral. |
| Raynaud's Disease (Phenomenon) | Permanent deferral if in association with autoimmune disorder; otherwise accept. |
| Reflux, Gastroesophageal | Accept. |
| Regional Enteritis | Permanent deferral. |
| Reiter's Syndrome | Permanent deferral. |
| Relapsing Fever | Medical Director evaluate. |
| Renal Calculi | Accept. |
| Renal Failure | Permanent deferral. |
| Respiratory Infection (Viral) | Defer until donor afebrile and over symptoms. |
| Reticuloendotheliosis | Permanent deferral. |
| Reye's Syndrome | Accept, if recovered and liver function normal. |
| Rheumatic Heart Disease | Accept if post-cardiac correction and meets those criteria. Defer if symptomatic, activities limited and/or on medication, including continuous antibiotics. |
| Ringworm | Accept if not in antecubital region. |
| Rocky Mountain Spotted Fever | Once antibiotics completed, wait 1 week. If no recurrence, accept. |
| Ronnel (Insecticide) | Temporary deferral - 2 weeks after skin exposure - agent is an anticholinesterase, may alter red cell stability. |
| Root Canal Surgery | Defer 72 hours or until completely healed. |
| Rosacea | Accept unless donor has secondary infections. |

| MEDICAL CONDITION | COMMENT |
|------------------------------------|--|
| Roseola | Defer for 2 weeks after recovered. |
| Ross River Virus | Accept if asymptomatic. |
| Rubella (German Measles) | Defer 1 month after exposure unless immunization or previous infection can be documented. |
| Salmonella | Defer until well and released from doctor's care. Permanent deferral if recurrent septicemia. |
| Sarcoidosis | Permanent deferral if systemic, accept if limited. |
| | Defer until resolved. |
| Scarlet Fever | Accept if well and asymptomatic. If heart disease see Rheumatic Heart Disease. If exposed to patient, defer until 48 hours after exposure and well. |
| Scarring | Intentional skin scarring to make a design: 12 month deferral |
| Schizophrenia | Accept if donor is mentally and legally responsible. |
| Scleroderma | Permanent deferral. |
| Seizures | See Convulsions. |
| | Accept if no longer on antibiotics for 1 week and condition resolved. |
| Shigella | Accept if resolved or asymptomatic. |
| Shingles | Defer while active lesions present and for 1 week afterwards. Accept when lesions inactive. |
| Shortness Of Breath | Shortness of breath on exertion is acceptable, providing donor is active and has no restrictions on his/her activities |
| Sickle Cell Disease | Permanent deferral. |
| Sickle Cell Trait | Accept. |
| Sinusitis | Accept unless being treated with antibiotics, then defer until course completed and feels well. |
| Sjogren's Syndrome | Permanent deferral. |
| Skin Infections | Accept if lesions not in area of venipuncture and donor not taking antibiotics. [If suspect for anthrax, defer.] |
| Skin ulcer | Defer until well-healed. [If suspect for anthrax, defer.] |
| SLE (Systemic Lupus Erythematosus) | Permanent deferral. |
| Smallpox lesion | Permanent deferral, unless vaccinated donor or donor with localized lesion acquired through close contact with vaccine recipient. Defer until after scab has separated from the skin spontaneously, or 21 days after date of immunization, whichever is longer, as long as no other symptoms or complications. If scab was otherwise removed, defer vaccine recipient for 2 months after vaccination date. Defer donor with localized/close contact lesion for 2 months after date of attempted donation, as long as no other symptoms or complications. |

Malaria/vC.ID Risk Countries

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Note: For the following references, "Travel" is being in the area six months or less and "Residence" is being in the area for greater than 6 months. For certain countries, noted with an asterisk (*), this list is more restrictive than the Centers for Disease Control and Prevention (CDC) recommendations for travelers (Yellow Book). For certain countries, noted with a double asterisk (**), this list is more restrictive than the Food and Drug Administration (FDA) recommendations regarding vCJD. Changes since the last edition (26 November 2002) are shaded.

Note: For donors traveling on a ship, time spent onboard ship is NOT included in computing "travel time" spent in the area. For vCJD, only time spent ashore should be included as "travel time". For Malaria, if the ship anchored within 1 mile of the shore, the donor should be considered as having "traveled" to the area.

| COUNTRY | Malaria Risk | vCJD Risk | Note |
|---------------------|-----------------|---|---|
| Afghanistan | Yes* | No | Malaria: Risk in all areas. |
| Albania | No | Yes (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulativ period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. | |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Algeria | Yes | No | Malaria: risk is limited to Ihrir (Illizi Department) |
| Andorra | No | Yes vCJD: (a) Defer DoD affiliated personnel (anyone with access to a Dol commissary in Europe) if they resided in the country for a cumu period of 6 months or more from 1980-1996. For DoD affiliate personnel who resided in the country after 1 Jan 1997, (b) applied | |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Angola | Yes | No | Malaria: Risk in all areas. |
| Anguilla | No | No | |
| Antigua and Barbuda | No | No | |
| Argentina | Yes | No | Malaria: Risk in rural areas near Bolivian border (Salta and Jujuy Provinces) and along border with Paraguay (Misiones and Corrientes Provinces). |
| Armenia | Yes | No | Malaria: Risk limited to western border areas: Masis, Ararat, and Artashat regions in Ararat District. |
| Australia | No | No | |

| COUNTRY | Malaria Risk | vCJD Risk | Note |
|-------------------------------|-----------------|--------------|---|
| | Yes | No | Malaria: Risk in States of Acre, Rondonia, Amapa, Amazonas, Roraima, Tocantins, Maranhao, Mato Grosso, and Para. These is also risk in urban areas, including large cities such as Porto Velho, Boa Vista, Macapa, Manaus, Santarem, and Maraba. The costal states form the "horn" south to the Uruguay border, including Iguassu Falls are not risk areas. |
| Brunei Darussalam | No | No | |
| Bulgaria | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Burkina Faso (Upper Volta) | Yes | No | Malaria: Risk in all areas. |
| Burma (see Myanmar) | | | See Myanmar |
| Burundi | Yes | No | Malaria: Risk in all areas. |
| Cambodia | Yes | No | Malaria: All areas, except no risk in Phom Penh. There is risk at the temple complex at Angkor Wat. |
| Cameroon | Yes | No | Malaria: Risk in all areas. |
| Canada | No | No | |
| Canary Islands (Spain) | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Cape Verde Islands | Yes | No | Malaria: Risk limited to Island of São Tiago |
| Cayman Islands (U.K.) | No | No | |
| Central African Republic | Yes | No | Malaria: Risk in all areas. |
| | Yes | No | Malaria: Risk in all areas. |
| Channel Islands (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Chile | No | No | |

| COUNTRY | Malaria Risk | vCJD Risk | NOTE |
|------------------------------|-----------------|--------------|--|
| Denmark | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Diego Garcia | No | No | |
| Djibouti | Yes | No | Malaria: Risk in all areas. |
| Dominica | No | No | |
| Dominican Republic | Yes* | No | Malaria: Risk in all areas. |
| Democratic Republic of Congo | | | See Zaire |
| East Timor | Yes | No | Malaria: Risk in all areas. |
| Ecuador | Yes | No | Malaria: Risk in all areas except Guanyaquil, Quito, the central highland tourist areas, and the Galapogos Islands. |
| Egypt | Yes | No | Malaria: Very limited risk in El Faiyum area only. Travelers visiting main tourist areas, including Nile River cruises are not at risk. |
| El Salvador | Yes | No | Malaria: Rural areas of Santa Ana, Ahuachapan, and La Union only. |
| England (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Equatorial Guinea | Yes | No | Malaria: Risk in all areas. |
| Eritrea | Yes* | No | Malaria: All areas at risk except no risk in Asmara. |
| Estonia | No | No | |
| Ethiopia | Yes* | No | Malaria: All areas except no risk in Addis Ababa. |
| Falkland Islands (U.K. | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |

| COUNTRY | Malaria Risk | vCJD Risk | NOTE |
|-----------------------------------|-----------------|--------------|--|
| Gibraltar (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Gilbert Islands (see Kiribati) | | | See Kiribati |
| Greece No | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Greenland (Denmark) | No | Yes** | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Grenada | No | No | |
| Guadeloupe (France) | No | No | |
| Guam (U.S.) | No | No | |
| Guatemala | Yes* | No | Malaria: Rural areas only. |
| Guinea | Yes | No | Malaria: Risk in all areas. |
| Guinea-Bissau | Yes | No | Malaria: Risk in all areas. |
| Guyana | Yes* | No | Malaria: Risk in all areas. |
| Haiti | Yes | No | Malaria: Risk in all areas. |
| Honduras | Yes | No | Malaria: Rural areas only, including Roatan and other Bay Islands. |
| Hungary | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |

| COUNTRY | Malaria Risk | vCJD Risk | NOTE |
|--------------------------------------|-----------------|--------------|--|
| Iceland | No | Yes** | vCJD: Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. |
| | | | For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | Yes* | No | Malaria: Risk in all areas. |
| Indonesia | Yes | No | Malaria: Rural only, except high risk in all areas of Irian Jaya (western half of island of New Guinea). No risk in cities of Java and Sumatra and no risk for the main resort areas of Java, Sumatra, and Bali. Note: There is malaria risk at the temple complex of Borobudur. |
| Iran, Islamic Republic of | Yes | No | Malaria: Risk in rural areas only in the provinces of Sistan-Baluchestan, the tropical part of Kerman, Hormozgan, and parts of Bushehr, Fars, Ilam, Kohgiluyeh-Boyar, Lorestan, and Chahar Mahal-Bakhtiari, and the north of Khuzestan. |
| | Yes | No | Malaria: All of northern region; provinces of Duhok, Erbil, Ninawa, Sulaimaniya, Támim, Basrah |
| Ireland, Republic of | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Isle of Man (U.K. | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| | No | No | CID |
| Italy | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Jamaica | No | No | |
| Japan | No | No | |
| Johnston Atoll | No | No | |
| Jordan | No | No | |
| Kampuchea, Democratic (see Cambodia) | | | See Cambodia |

| COUNTRY | Malaria Risk | vCJD Risk | Note |
|--|-----------------|--------------|---|
| Netherlands | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Netherlands Antilles | No | No | |
| New Caledonia and Dependencies (France) | No | No | |
| New Zealand | No | No | |
| Nicaragua | Yes | No | Malaria: Rural areas only; however, risk exists in outskirts of Managua. |
| Niger | Yes | No | Malaria: Risk in all areas. |
| Nigeria | Yes | No | Malaria: Risk in all areas. |
| Niue (New Zealand) | No | No | |
| Northern Ireland (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Northern Mariana Islands (Saipan, Tinian, and Rota Island) | No | No | |
| · | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Oman | Yes | Yes | Malaria: Limited risk in remote areas of Musandam Province vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |

| COUNTRY | Malaria Risk | vCJD Risk | Note |
|-----------------|---|--|--|
| Scotland (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Senegal | Yes | No | Malaria: Risk in all areas. |
| Serbia | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Seychelles | No | No | |
| Sierra Leone | Yes | No | Malaria: Risk in all areas. |
| Singapore | No | No | |
| Slovak Republic | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| Slovenia No | Yes | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. | |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Solomon Islands | Yes | No | Malaria: Risk in all areas. |
| Somalia | Yes | No | Malaria: Risk in all areas. |
| South Africa | Yes | No | Malaria: Risk exists in the low altitude areas of the Mpumalanga Province (including Kruger National Park), Northern Privince, and northestern KwaZuluNatal as faar south as the Tugula River. |
| Spain | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| 4100444444 | *************************************** | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |

| COUNTRY | Malaria Risk | vCJD Risk | NOTE |
|---|-----------------|--------------|---|
| Turkey | Yes* | Yes** | *Malaria: Risk in all areas in eastern half of the country (including Incerlik and Adana.) |
| | | | **vCJD: |
| | | | (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| Turkmenistan | Yes | No | Malaria: Risk in some villages in Mary, Lebap, and Balkan districts. |
| Tuvalu | No | No | |
| Uganda | Yes | No | Malaria: Risk in all areas. |
| Ukraine | No | No | |
| Union of Soviet Socialist Republics (former) | | | See individual countries |
| United Arab Emirates | Yes | No | Malaria: Very limited risk in the foothill areas and valleys in the mountainous regions of the northern Emirates bordering Oman's Musandam Province. No risk in Abu Dhabi or in cities of Ajman, Dubai, Sharjah, and Umm al Qaiwan. |
| United Kingdom (U.K.) (England, Scotland, Wales, Northern Ireland, Channel Islands, Gibraltar, Falkland Islands and the Isle of Man) | No | Yes | vCJD: (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. (b) Defer if donor received a transfusion in the U.K. since 1980. |
| United States of America | No | No | |
| Upper Volta (see Burkina Faso) | | | See Burkina Faso |
| Uruguay | No | No | |
| Uzbekistan | No | No | |
| Vanuatu (New Hebrides) | Yes | No | Malaria: Risk in all areas, except no risk on Fortuna Island. |
| Vatican City | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Venezuela | Yes | No | Malaria: Risk exists in rural areas of the following states: Apure, Amazonas, Barinas, Bolivar, Sucre, Tachira, and Delta Amacuro. |
| Vietnam | Yes | No | Malaria: Risk in rural areas only, except no risk in the Red River Delta and the coastal plain north of Nha Trang. |

| COUNTRY | Malaria Risk | vCJD Risk | NOTE |
|---|-----------------|--------------|--|
| Virgin Islands, British | No | No | |
| Virgin Islands, U.S. | No | No | |
| Wake Island (U.S.) | No | No | |
| Wales (U.K.) | No | Yes | vCJD: |
| | | | (a) Defer if donor has spent a cumulative time of three months or more from 1980 through 1996 anywhere in the U.K. For DoD affiliated personnel and all other donors who only resided in the country after 1 Jan 1997, donors are not deferred. |
| | | | (b) Defer if donor received a transfusion in the U.K. since 1980. |
| Wallis and Futua Islands | No | No | |
| Yemen | Yes* | No | Malaria: Risk in all areas |
| Yugoslavia (Federal Republic includes Kosovo, Montenegro, and Serbia) | No | Yes | vCJD: (a) Defer DoD affiliated personnel (anyone with access to a DoD commissary in Europe) if they resided in the country for a cumulative period of 6 months or more from 1980-1996. For DoD affiliated personnel who resided in the country after 1 Jan 1997, (b) applies. |
| | | | (b) Defer any donor that resided in the country for a cumulative period of 5 years or more from 1980 to present. |
| Zaire | Yes | No | Malaria: Risk in all areas. |
| Zambia | Yes | No | Malaria: Risk in all areas. |
| Zimbabwe (Rhodesia) | Yes | No | Malaria: Risk in all areas, except no risk in cities of Harare and Bulawayo. |